

Cycle Date: 09/02/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404943	Albemarle	21	100	Duplicate of claims system	43	451	2091	1640
		8599	111	Detail not covered by combination of recipient, provider and benefit package.				
		8544	153	Claim denied due to invalid from date of service.				
3404902	Blue Ridge	8599	932	Detail not covered by combination of recipient, provider and benefit package.	109	1558	14006	12448
		191	347	Client ID number does not match patient name.				
		167	127	No Charge Billed - Enter billed amount and submit detail as a new claim.				
3404912	Catawba	8599	1	Detail not covered by combination of recipient, provider and benefit package.	1	2	32	30
3404917	Centerpoint	27	31	Diagnosis Code missing or invalid.	377	612	2848	2236
		8599	186	Detail not covered by combination of recipient, provider and benefit package.				
		21	12	Duplicate of claim system.				
3404916	Crossroads	191	3	Procedure is not covered for this date of service.	0	10	38	28
		8599	2	Detail not covered by combination of recipient, provider and benefit package.				
		8544	5	Claim denied due to invalid from date of service.				
3404927	Cumberland	8599	1	Detail not covered by combination of recipient, provider and benefit package.	0	1	15	14
3404959	Davidson	191	9	Procedure is not covered for this date of service.	0	154	154	0
		8524	145	Claim Denied, provider must be designated as a billing provider				

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3404944	Eastpointe	21	41	Duplicate of claim system.	63	348	3145	2797
		8599	174	Detail not covered by combination of recipient, provider and benefit package.				
		8517	35	Claims denied, submitted beyond filing timelimit.				
3404946	Foothills				0	0	0	0
3404919	Guilford	8599	294	Detail not covered by combination of recipient, provider and benefit package.	76	524	2453	1929
		21	30	Duplicate of Claim - system.				
		5404	41	Severe Duplicate				
3404930	Johnston	8599	209	Detail not covered by combination of recipient, provider and benefit package.	307	539	3384	2845
		24	12	P-Code is missing or invalid				
		27	7	Diagnosis code missing or invalid				
3404929	Lee-Harnett	120	10	Client ID number missing or invalid.	3	144	1113	969
		8599	75	Detail not covered by combination of recipient, provider and benefit package.				
		143	36	Client ID number missing or invalid.				
3404913	Mecklenburg	8599	1468	Detail not covered by combination of recipient, provider and benefit package.	0	1658	8927	7269
		120	42	Client ID number missing or invalid.				
		191	72	Client ID number does not match patient name.				
3404939	Neuse	8599	56	Detail not covered by combination of recipient, provider and benefit package.	5	483	858	375
		8517	409	Claims denied, submitted beyond filing timelimit.				
		191	5	Client ID number does not match patient name.				

Cycle Date: 09/02/2003

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3404979	New River	8599	58	Detail not covered by combination of recipient, provider and benefit package.	23	108	736	628
		120	18	Client ID number missing or invalid				
		21	9	Duplicate of Claim-System				
3404934	Onslow	8599	193	Detail not covered by combination of recipient, provider and benefit package.	3	228	1089	861
		8517	7	Claims denied, submitted beyond filing timelimit.				
		8622	8	60 Residential level II treatment received, PA is required for additional service.				
3404921	OPC	21	217	Duplicate of claim system.	40	643	2849	2206
		8599	347	Detail not covered by combination of recipient, provider and benefit package.				
		8000	14	No Rate available on file to price				
3404910	Pathways	21		Duplicate of claim system.	1	6	36	30
3404924	Piedmont	8525	51	Claim Denied, Referring Provider must be an LMA	0	51	51	0
3404932	Randolph	8599	36	Detail not covered by combination of recipient, provider and benefit package.	26	112	581	469
		191	16	Client ID number does not match patient name				
		120	16	Client ID number missing or invalid.				
3404942	Roanoke-Chowan				0	0	20	20

Cycle Date: 09/02/2003

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3404918	Rockingham	8599	79	Detail not covered by combination of recipient, provider and benefit package.	20	117	2454	2337
		143	6	Client ID number not on state eligibility file.				
		8517	4	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
3404925	Sandhills	8599	194	Detail not covered by combination of recipient, provider and benefit package.	128	429	3972	3543
		120	29	Client ID number Missing or Invalid.				
		8517	48	Claims denied, submitted beyond filing timelimit.				
3404901	Smoky Mountain				0	0	0	0
3404933	Southeastern Center	8599	35	Detail not covered by combination of recipient, provider and benefit package.	57	131	3253	3122
		8000	18	No Rate Available on File to price claim				
		120	5	Client ID number Missing or Invalid.				
3404926	Southeastern Regional	8599	319	Detail not covered by combination of recipient, provider and benefit package.	124	1011	4968	3957
		5404	140	Severe duplicate.				
		21	305	Duplicate of claim system.				
3404957	Tideland	8505	6	Detail not covered by combination of recipient, provider and benefit package.	0	33	92	59
		21	27	Duplicate of Claim-System				
3404905	Trend	21	3216	Duplicate of claim system.	8	5975	6889	914
		8517	509	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		8599	1738	Detail not covered by combination of recipient, provider and benefit package.				

Cycle Date: **09/02/2003**

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3404923	<b>VGFW</b>	<b>8599</b>	326	Detail not covered by combination of recipient, provider and benefit package.	1	<b>486</b>	2406	1920
		<b>120</b>	36	Client ID number missing or invalid				
		<b>21</b>	121	Duplicate of claim system.				
3404931	<b>Wake</b>				0	<b>0</b>	16	16
3404936	<b>Wilson-Greene</b>	<b>8599</b>	67	Detail not covered by combination of recipient, provider and benefit package.	12	<b>120</b>	754	634
		<b>8517</b>	24	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
		<b>21</b>	13	Duplicate of claim system.				